

## **Encounter Reporting Business Requirements County Version**

This document describes the different claims transaction that Encounter Reporting will be receiving from you. It includes examples of the different transaction scenarios, some specific edit requirements, and assumptions with respect to business practice. *This is an important document for the CMO business office to review for accuracy. We are asking that each CMO validate these assumptions as correct. It should also be shared with the IT staff as part of the technical specifications.*

The only difference between this document and the County Version are the following:

1. The Adjustment examples will show both what the CMO will submit and how the State Encounter Process will “translate” the data.
2. Additional edits that the State Encounter Process may implement.

### **Encounter Reporting**

Encounters shall include the following:

1. A service or item provided to a patient/member through the Family Care system. Examples include but are not limited to:
  - Transportation provided by the CMO
  - Durable medical equipment
  - Specific Case Management
2. A service not directly provided by the CMO, but for which the CMO is financially responsible. An example would include an emergency service provided by an out-of-network provider or facility.
3. A service not directly provided by the CMO, but for which the CMO holds professional or administrative responsibility. For example, CMOs that are including HealthCheck screens for which no claim have been received may have alternative paper or electronic documentation that a comprehensive HealthCheck screen was performed. (For Phase I this is optional).
4. The terms “service” and “item” as used above include those services and items not routinely covered by the FC benefit plan, but which the CMO chooses to provide as part of its managed care product. Examples include educational services, certain over-the-counter drugs, and delivered meals.
5. Multiple encounters can occur between a single provider and a single recipient on a day.

The examples above are required to be reported as encounters by the CMO with the exception of number three. In addition to reporting the encounters the Counties will be required to report, Cost Share collected and any Voluntary Contributions collected. These requirements are no different then what the CMOs are currently reporting in the Human Services Reporting System (HSRS) except the former will be at a detail level or an encounter level.

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### Claims, Services, and Encounters:

Each CMO has a “Claim” Processing system that processes and pays claims. The assumption from here forward will be a single service or encounter per claim. If a county supports multiple services per claim, nothing changes except a claim then would be defined as a service within a claim. Once the claim has been received and entered into the Claim Processing system, it can then be classified as one of the following:

<b>Paid</b>	Claims that have been finalized and have been designated to be “paid” and may or may not generate an EOB.
<b>Denied</b>	Claims that have been finalized and are not payable. An EOB is generated for these claims. The definition of denied includes those claims where the payment amount is zero because other insurances may have paid more than what the CMO would have paid.
<b>Suspended / Pending</b>	Claims that are not yet finalized. Further processing is required to determine the end status of these claims.
<b>Rejected</b>	Claims that are “finalized” and are either incomplete or un-processable (e.g. member not on file). These claims may also generate an EOB.

Encounter Reporting only wants **Paid** and **Denied** Claims. Encounter Reporting will accept **Rejected** and/or **Suspended/Pending (N)** Claims as long as they are properly identified.

### Types of Transactions and records:

There are two types of Transactions: Encounter Transactions and Member Share Transactions. Encounter Transactions have already been defined above. Member Share Transactions include Cost Share, Voluntary Contributions (both HSRS Requirements), and Room & Board. Each of these transactions follows the same rules for reporting, correcting and adjusting. These rules are:

- The first appearance of an Encounter or a Member Share is considered the Original (Record Type of **Original**).
- If any adjustments are needed, it must be made to the Original or the most recent “Replacement”.
- Adjustments must both link to the Original and to the transaction being adjusted.
- Adjustments must follow one of two methodologies. A county may pick one methodology and may not change. The two methods are:
  - Credit/Debit – Two transactions are sent as an adjustment. A Credit transaction to “Reverse” and a Debit transaction to “Replace”. (Record Type of **Credit/Debit Adjustment**).
  - Net Change – Only the Net difference is sent as an adjustment. This may only be chosen if the prior cannot be supported or would be difficult to support. (Record Type of **Net Change Adjustment**).
- Corrections are only valid for Originals or “Replacements”. (Record Type of **Correction**).

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### **Sending Transactions:**

Encounter Reporting will be a monthly submission for encounters “Posted” in the prior month. Encounters Posted is claims that are finalized (paid or denied with a corresponding EOB). It is assumed that once claims have been finalized, there are no changes to these records without a proper adjustment process in place. Adjustments are then treated as another encounter with similar rules as the “Adjusted Encounter”.

It is also expected that the CMO implement a set of edits for each Encounter record prior to submission to minimize errors. However it is expected to have some errors and so each record must consist of a Unique Record Identifier. This Identifier will be used among other needs to identify erroneous records and provide a common index between the CMO system and the State Encounter Reporting system. In the case of errors, the State Encounter Process will identify the errors and send back the transactions with the corresponding error feedback. The county will be required to correct the errors and re-submit the complete submission.

The first implementation of Encounter Reporting will require all records pass minimal Critical Edits. These Edits will be provided to the counties.

As the state and the CMOs gain experience in this process, the edits will change over time and there will be county specific error thresholds for a batch. An error threshold would allow a CMO to submit batches with critical errors as long as the number of errors are below the threshold. However, the county will then be required to then correct the failing records in the next month’s submission. Tracking and submitting these correcting transactions may require a more sophisticated tracking system by the county.

Each Encounter Transaction may be made up of one or more records. Each record will be “edited” by a series of edits or Business Rules. Some of these rules require that a field be populated with the correct values. Some rules are more complicated and could force relationships between multiple records.

### **Modification to Requirements on 12/02/2002:**

Thirteen fields fully qualify Encounter Transactions. Only the first seven are required on every record. Depending on the type of transaction additional fields may be required. Example Original records require all thirteen plus others as indicated in the Data Dictionary. Adjustments will have different requirements as do Corrective transactions. See the corresponding section for the details of what is required for each transaction type.

Each CMO will be provided a Data Dictionary that clearly defines each data element and the possible values. Additionally much of the work in mapping out CMO system data fields to Encounter Reporting data field has been done in cooperation with each CMO. This information is retained in the CMO Matrix document. It is expected that the CMO use this as a guide and to maintain this throughout the implementation of Phase I.

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<b>Encounter Type:</b>	Identifies the Encounter as a Family Care Encounter = FC	
<b>CMO MA ID:</b>	The MA CMO Provider Id as assigned by MMIS.	
<b>Data Source:</b>	Identifies the source of the data. 01 = Claim/Encounter.	
<b>Record ID:</b>	The unique Record Identifier as assigned by the CMO.	
<b>Record Type:</b>	The type of Encounter Transaction. (Required)	
	Original	O An unadjusted encounter transaction.
	Credit/Debit Adjustment	C Adjusting entries that usually, but not always, come in pairs. The Credit is to reverse the actual transaction being adjusted and the Debit is to "replace" the transaction being adjusted.
	Net Change Adjustment	N Adjustments that are simply the Net change to the adjusted transaction. These transactions usually come in singularly.
<b>Claim Status:</b>	The Status of the Claim (Paid or Denied). May consist of Rejected and Suspended/Pending.	
<b>Posting Date:</b>	The date the record was finalized (paid or denied with EOB).	
<b>Parent Record ID:</b>	This ID references the direct transaction that is being adjusted. In a Credit/Debit "Adjustment", both the Credit and Debit transactions will reference the same transaction being "adjusted". This number is also assigned by the CMO.	
<b>Original ID:</b>	This is the ID of the original encounter or the first ancestor record as assigned by the CMO. Only filled in on Adjustments.	
<b>Adjustment Type:</b>	The type of Adjustment. Only applicable for transactions that are "adjusting" a former Encounter Transaction. This field is assigned by the CMO for Credit/Debit Encounter Transactions. (Required for Credit/Debit Adjustments only).	
	Reversal	R This transaction is the Credit to reverse the adjusted transaction.
	New	N This transaction is the Debit to "replace" the adjusted transaction.
<b>Adjustment Type Detail:</b>	A future placeholder that specifies the type of "adjustment:" Assigned by the CMO. (Optional)	
	Full Cash	FC An adjustment that fully reverses the more recent existing transaction resulting in monies being paid back to the CMO from the Provider.
	Partial Cash	PC An adjustment that partially reverses the more recent existing transaction resulting in some monies being paid back to the CMO from the Provider.
	Non-Cash	NC An adjustment that has no financial affect but changes demographic or other related information.
<b>Support Indicator:</b>	Self-directed	S Services were self-directed by the CMO member.

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<b>Member Share:</b>	CMO-Directed	C	Services were directed by the CMO.
	Non-Services	N	A Non-Service item.
	Cost Share	C	A transaction that represents Cost Share by the member.
	Room & Board	R	A transaction that represents Room and Board by the member.
	Voluntary Contributions	V	A transaction that represents any Voluntary contributions by the member or behalf of the member.
	None	N	A transaction that represents standard claims and there is no member component.

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### Adjusting Transactions:

Before implementation, each CMO will need to determine how they will be submitting their Adjustments. The two methods for submitting Adjustments: Credit/Debit or Net Change. It is highly recommended that each CMO use the Credit/Debit methodology.

What follows are examples of how to submit adjustments depending on which methodology the CMO is following. The lightly shaded fields are the various identifiers, the non-shaded fields are encounter information, and the dark shaded fields are the Record Types, Adjustment Types and related.

### Modification to Requirements on 12/02/2002:

Because historical encounters will be loaded into the Encounter Repository and that these encounters will be loaded after current data is loaded, there will be adjustments entered into the system prior to their corresponding Parent records. The following requirements will be needed to be in place for Version 1 in Phase 1:

- Change the Critical edit:  
All Adjustments must have a Parent ID and the Parent ID record must exist  
**To**
  - For Dates of Service (DOS)  $\geq$  2003, all Adjustments must have a Parent ID, (the Parent ID record must exist).
  - For DOS  $<$  2003, all Adjustments must have a Parent ID, (the Parent ID record need not exist).
- The Adjustment Process will require two processes.
  - For DOS  $\geq$  2003, accept the adjustment after validation of other critical edits, and should create all other transactions based on the Adjustment as defined in the original requirements.
  - For DOS  $<$  2003, should simply accept the adjustment after validation of other critical edits, but it should not create any other transactions based on the Adjustment as defined in the original requirements.
- Once all historical data is loaded then the following processes need to take place for Adjustments with DOS  $<$  2003:
  1. A program must exist that will run through the encounter repository and process each Adjustment in date order starting from the earliest date. The program must accomplish the following:
    - Confirm that each Parent ID record is located and that no business rules are compromised. Examples:
      - The reversal for Credit/Debit Adjustments must reflect the exact same field attributes as the Parent with the exception that the numeric fields must be negated.
      - The numeric fields on Net Change Adjustments must always satisfy the edits between Allowed Amount, Charges, TPL Amount Paid and Paid Amount.
  2. An exception report must report all Adjustments that are unable to located the Parent ID transaction. This list must be sent to the county.
  3. The counties will be expected to create adjustments that will correct the offending

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adjustments.

Once these adjustments are submitted and “corrected” the problem, a decision will be needed to decide what to do with the records that did have the incorrect Parent Id. Although these records have been backed out and corrected, they still exist in the repository with the incorrect Parent Id

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### Adjustments Using Credit/Debit “pairs”

#### Modification to Requirements on 12/02/2002:

Adjustments using the Credit/Debit pair method require two transactions<sup>1</sup> for each encounter unless the type of adjustment is a Full Cash reversal. The first of the two transactions is the reversal (R) (backs out or cancels the transaction being “adjusted”). This transaction requires two additional fields from an Original Transaction (Adjustment Type and Parent Record ID). Original ID and/or Adjustment Type Detail may be provided if a county is able to provide these components. The remaining fields should be initialized in such a manner to zero out the transaction being adjusted. If a county provides data that is inconsistent with these rules, the Encounter application will flag these inconsistencies as Critical Edits<sup>2</sup> and reject the transaction. The second of the two transactions is the new (N) (replaces the transaction being “adjusted”). This transaction requires the same fields as an Original Transaction with the addition of providing Adjustment Type and Parent Record Id. As with the reversal, Original ID and/or Adjustment Type Detail may be provided.

When adjusting with Credit/Debit pairs, the Encounter process will take what the CMO sends and process the records as they are presented. The pictures below are representations of what is happening at the County and the State level. Though the representations show that Original ID is provided, this requirement has been relaxed for Version 1.0 of Encounter Reporting.

1. **Full Cash reversal:** Transaction 123 was incorrectly billed and never should have been billed. The CMO then creates a transaction (127) that nullifies the original transaction.

County sends:

Record ID	Record Type	Adjustment Type	Adjustment Type Detail	Quantity	Procedure Code	Charges	Paid Amount	Parent Record ID	Original ID
123	O			1	XYZ	50	50		
127	C	R	FC	-1	XYZ	-50	-50	123	123

<sup>1</sup> Full Cash reversals can optionally be reported as a single reversing transaction.

<sup>2</sup> Critical Edits for DOS of 2003. No checking for DOS < 2003 until all historical data is loaded.



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2. **Partial Cash reversal:** Transaction 123 was correctly billed but incorrectly paid. The co-pay (10.00) was forgotten. The CMO then creates a transaction (127) that nullifies the original transaction. Finally, the CMO creates a new transaction (134) to correctly pay the claim.

County sends:

Record ID	Record Type	Adjustment Type	Adjustment Type Detail	Quantity	Procedure Code	Charges	Paid Amount	Parent Record ID	Original ID
123	O			1	XYZ	50	50		
127	C	R	PC	-1	XYZ	-50	-50	123	123
134	C	N	PC	1	XYZ	50	40	123	123

3. **Non-Cash reversal:** Transaction 123 was incorrectly billed with an incorrect procedure code. There is no pricing difference hence no financial impact. The CMO then creates a transaction (127) that nullifies the original transaction. Finally, the CMO creates a new transaction (134) to correctly pay the claim.

County sends:

Record ID	Record Type	Adjustment Type	Adjustment Type Detail	Quantity	Procedure Code	Charges	Paid Amount	Parent Record ID	Original ID
123	O			1	XYZ	50	50		
127	C	R	NC	-1	XYZ	-50	-50	123	123
134	C	N	NC	1	ABC	50	50	123	123

4. Now an example with multiple adjustments:

County sends:

Record ID	Record Type	Adjustment Type	Adjustment Type Detail	Quantity	Procedure Code	Charges	Paid Amount	Parent Record ID	Original ID
123	O			1	XYZ	50	50		
127	C	R	PC	-1	XYZ	-50	-50	123	123
134	C	N	PC	1	ABC	50	40	123	123
168	C	R	NC	-1	ABC	-50	-40	134	123
199	C	N	NC	1	CDE	50	40	134	123

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### Adjustments Using Net Change

#### Modification to Requirements on 12/02/2002:

This methodology was added to accommodate the diversity of County systems. Instead of forcing the counties to completely re-create their systems to meet our requirements as of 1/2003, we have attempted to build some flexibility to handle their systems. This methodology may be somewhat inconsistent with the Credit/Debit Adjustment Processing and we expect to retire this methodology by 2004.

The following fields are required for a Net Change Adjustment transaction:

- Encounter Type
- CMO MA ID
- Data Source
- Record ID
- Claim Status
- Record Type
- Posting Date
- Parent Record ID
- Adjustment Type IS NULL

The remaining fields should only reflect the changes to the transaction being adjusted. There are two types of changes and they are treated somewhat differently. The first type is the delta changes. Delta changes are those changes that show how much something has changed. This type of change can only occur on numbers (dollars or quantities). The only fields that can have delta changes are:

- Quantity
- Charges
- Paid Amount
- TPL Paid Amount
- Allowed Amount

**Example:** when the quantity of a service increases by 10, the Quantity field will have a value of 10. When the transaction is

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submitted this implies that the Quantity will increase by a value of 10. These fields can reflect increases or decreases.

The second type is the replacement changes. Replacement changes are those changes that show the new or replacement value. This type of change can occur on all other fields (non-numeric). All remaining fields in the Data Dictionary will use this type. **Example:** when the Procedure Code changes from ABC to XYZ, the Net Change Transaction will reflect the XYZ.

As with the reversals in the Credit/Debit methodology, the Original ID and the Adjustment Type Detail are optional.

When using the Net Change method, the Encounter Process will need to further process each Adjustment record. Since the incoming Adjustment records are a reflection of the Net Change and the Encounter Process stores Credit/Debit, the Encounter Process must create the appropriate Credit/Debit transactions.

### Modification to Requirements on 11/21/2002:

#### County issues:

- The county must be able to derive the Parent Record ID which should be the most recent adjustment that has been “posted”.
- The county must be able to derive the adjustment amount or other changes, which are based on the “aggregate” amount of the original and current adjustments.

Each example below will show what is presented by the CMO and then what is created by the State Encounter Process.

1. **Full Cash reversal:** Transaction 123 was incorrectly billed and never should have been billed. The CMO then creates a transaction (127) that nullifies the original transaction. The first table is what the CMO submits. The second table is how the transactions are converted in the Encounter Process at the State. Notice that there is no conversion of record #127.

County sends:

Record ID	Record Type	Adjustment Type	Adjustment Type Detail	Quantity	Procedure Code	Charges	Paid Amount	Parent Record ID	Original ID
123	O			1	XYZ	50	50		
127	N			-1		-50	-50	123	123

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2. **Partial Cash reversal:** Transaction 123 was correctly billed but incorrectly paid. The co-pay (10.00) was forgotten. The CMO then creates a transaction (127) that corrects the original transaction. The first table is what the CMO submits. The second table is how the transactions are converted in the Encounter Process at the State.

County sends:

Record ID	Record Type	Adjustment Type	Adjustment Type Detail	Quantity	Procedure Code	Charges	Paid Amount	Parent Record ID	Original ID
123	O			1	XYZ	50	50		
127	N						-10	123	123

3. **Non-Cash reversal:** Transaction 123 was incorrectly billed with an incorrect procedure code. There is no pricing difference hence any financial impact. The CMO then creates a transaction (127) that corrects the original transaction. The first table is what the CMO submits. The second table is how the transactions are converted in the Encounter Process at the State.

County sends:

Record ID	Record Type	Adjustment Type	Adjustment Type Detail	Quantity	Procedure Code	Charges	Paid Amount	Parent Record ID	Original ID
123	O			1	XYZ	50	50		
127	N				ABC			123	123

4. **Now**, what follows is an example with multiple adjustments. The first table is what the CMO submits. Record 123 was the Original Encounter. Record 127 is simply a transaction that changes the Procedure code and has no fiscal ramifications. Record 168 reflects not only a \$10.00 overpayment but a change in the Procedure code. Record 197 reflects an underpayment of \$20.00 otherwise know as a supplemental payment. The CMO in this instance is simply sending the net change amount to the Encounter process. The Parent Record ID is the most recent “posted” original or adjustment record.

County sends:

Record ID	Record Type	Adjustment Type	Adjustment Type Detail	Quantity	Procedure Code	Charges	Paid Amount	Parent Record ID	Original ID
123	O			1	XYZ	50	50		
127	N				ABC			123	123
168	N				CDE		-10	127	123
197	N					-10	20	168	123

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### **Correcting Transactions:**

Though this option will not be in place as of 2/15/2003, it is expected to be in place sometime prior to 10/01/2003.

There are two methods for correcting erroneous transactions. An erroneous transaction is a transaction that has been identified by the State Encounter Process as an error and returned to the CMO for re-submission. The two methods are Re-submit the transaction or Reverse the transaction.

With the Re-submit method, the CMO simply makes the appropriate corrections in their system and re-submits the transaction with the exact same Record ID and Record Type. The State Encounter Process will recognize that it is a re-submission of an erroneous record and attempt to reconcile the correction.

With the Reverse method, the CMO simply creates another transaction (or adjustment) that “reverses” the erroneous record and re-submits a new replacement transaction. This process is treated like a Credit/Debit Adjustment at the CMO but is treated like a re-submission by the State Encounter Process. The State Encounter Process will accept the Credit record to “reverse” out the error transaction and then place the Debit record as the Encounter. The erroneous record remains in the error file as fixed and never reaches the Encounter Data set.

Either method is acceptable and a county may use both correction methods. The State will provide additional specifications on the format and use of the erroneous records in the error file sent to the CMO after a submission.

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### Business Rules, relationships, and edits

As discussed above there are two types of transactions in Phase I of Encounter Reporting: Encounter Transactions and Member Share Transactions. The highlighted lines are considered Critical Edits and should be implemented as critical. All critical edits will be implemented on 2/15/2003. The non-critical edits will be rolled out as they are completed and tested between 2/15/2003 and 7/31/2003.

### Requirements for filtering out unwanted but acceptable records:

- Claim status not of type **P** or **D**:
  - Off load to rejected file. Do not count these records as error records that could trigger the CMO to re-submit the data.

### Requirements for Encounter Transactions:

- **Data Type checking for all required fields.**
- **Domains for the critical fields**
  - Encounter Type
  - CMO MA ID
  - Data Source
  - Claim Status
  - Record Type
  - Adjustment Type
  - SPC Code
  - SPC SubProgram Code
  - Support Indicator
  - Member Share
- **Optional Fields**
  - **Data Type checking**
  - **Domains**
    - All fields if they have values must have the correct values. This is limited to only those where the domains are specified in the Data Dictionary and not those that consist of list of records (e.g. Procedure Code, Diagnosis Codes).
  - **Relationships or situational requirements:**
    - If fields are filled with data, all relationships must be validated.
    - **Example: Billing Provider ID-Qualifier:**

If a value is provided, it must be in (24, 34, XX, CO) and there must be values in the corresponding Billing Provider fields. This will not check the correctness or validity of the values in the Billing Provider ID field or any other related fields. It will however confirm the existence and the data type based on the Qualifier and/or the definition of the field.
- **Self-Directed Support Services** transactions have the following requirements:
  - Support Indicator = S
  - Member Share = N
  - Remaining fields are treated as stated in the definition
- **CMO-Directed Support Services** transactions have the following requirements:
  - Support Indicator = C

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- Member Share = N
- Remaining fields are treated as stated in the definition

### Requirements for Member Share Transactions:

- **Cost Share** transactions have the following requirements:
  - Changes in the reported cost share are reported in the FC encounter report by using the standard rules for Adjustments. **If the adjustment process cannot be supported by the CMO, then Cost Share should not change.** It is imperative that any encounters do not subtract the cost share from any particular service. Cost Share may only be reflected in this transaction (Member Indicator = C) regardless of who collects the Cost Share (the CMO or the Provider).
  - The standard rules for Negative/Positive Amounts need to be reversed for Cost Share transactions.
  - Support Indicator = N
  - Member Share = C
  - Charges is NULL.
  - Paid Amount is the amount of Cost Share paid by the member (Negative amount, when record type = O)
  - TPL amount = 0
  - Record Type is treated as stated in the definition.
  - Claim Status is Paid.
  - MA Billing Provider Id is the CMO MA ID
  - MA Rendering Provider ID is the CMO MA ID
  - From/To Date of service would be the date the Cost Share is for
  - Quantity is for # days in the month
  - SPC = 095
  - Subprogram Code = 01
  - Remaining fields are their defaults.
- **Voluntary Contribution** transactions have the following requirements:
  - Changes in the reported cost share are reported by the FC encounter report by using the standard rules for Adjustments. **If the adjustment process cannot be supported by the CMO, then Voluntary Contribution should not change.** It is imperative that any encounters do not subtract the Voluntary Contribution from any particular service. Voluntary Contributions may only be reflected in this transaction (Member Indicator = V) regardless of who collects the Voluntary Contributions (the CMO or the Provider).
  - The standard rules for Negative/Positive Amounts need to be reversed for Voluntary Contributions transactions.
  - Support Indicator = N
  - Member Share = V
  - Charges is NULL.
  - Paid Amount is the amount of Voluntary Contributions paid by the member (Negative amount, when record type = O)
  - TPL amount = 0

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- Record Type is treated as stated in the definition.
  - Claim Status is Paid.
  - MA Billing Provider Id is the CMO MA ID
  - MA Rendering Provider ID is the CMO MA ID
  - From/To Date of service would be the date the Voluntary Contributions are for
  - Quantity is 1
  - SPC = 095
  - Subprogram Code = 02
  - Remaining fields are their defaults.
- **Room and Board** (Optional) transactions have the following requirements:
    - Changes in the reported Room and Board are reported by the FC encounter report by using the standard rules for Adjustments. **If the adjustment process cannot be supported by the CMO, then Room and Board should not be reported.** It is imperative that any encounters do not include any component of Room and Board. Room and Board may only be reflected in this transaction (Member Indicator = R) regardless of who collects the Room and Board (the CMO or the Provider).
    - If Room and Board transactions are provided, the corresponding facility transactions should be a gross cost that includes the Room and Board amounts. If only the Net is provided, then cost will be under stated since Room and Board will be used as a credit to decrease the service costs from facilities.
    - The standard rules for Negative/Positive Amounts need to be reversed for Room and Board transactions.
    - Support Indicator = N
    - Member Share = R
    - Charges is NULL.
    - Paid Amount is the amount of Room and Board paid by the member (Negative amount, when record type = O)
    - TPL amount = 0
    - Record Type is treated as stated in the definition.
    - Claim Status is Paid.
    - MA Billing Provider Id is the CMO MA ID
    - MA Rendering Provider ID is the CMO MA ID
    - From/To Date of service would be the date the Room and Board is for
    - Quantity is for # days in the month
    - SPC = 095
    - Subprogram Code = 03
    - Remaining fields are their defaults.



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### Record Type Business Rules:

- Record Type O →
  - Record ID must be unique. "Replacement" is allowed for error records using the same ID.
  - Positive Quantities and Amounts are no longer enforced. Since we are allowing counties to provide their adjustments as Original Records.
  - Parent ID must be NULL
  - Original ID must be NULL
  - No other previous Record or Transaction should have this Record ID stored in the Parent ID or Original ID fields.
  - Allowed Amount  $\leq$  Charges
  - Paid Amount = Allowed Amount - TPL Amount Paid.
- Record Type N →
  - Record ID must be unique. "Replacement" is allowed for error records using the same ID.
  - Adjustment Type must be NULL
  - Parent ID has a value.
  - The current Parent ID must be equal to the Record ID of a previous record found of Record Type O or the same Record Type as on the current record.
  - Original ID must be that of a previously reported transaction with Record type = O
  - The numeric fields once derived must have the following edits:
    - Allowed Amount  $\leq$  Charges
    - Paid Amount = Allowed Amount - TPL Amount Paid.
- Record Type C →
  - Record ID must be unique. "Replacement" is allowed for error records using the same ID.
  - Parent ID has a value.
  - The current Parent ID must be equal to the Record ID of a previous record found of Record Type O or the same Record Type as on the current record.
  - Original ID must be that of a previously reported transaction with Record type = O
  - Allowed Amount  $\leq$  Charges
  - Paid Amount = Allowed Amount - TPL Amount Paid.
  - Adjustment Type R → Include an exact reversal of transaction being adjusted.
    - Same criteria as for Record Type O with the addition of those mentioned above for Record Type C.
    - Confirm every field provided.
      - Numeric (quantities and dollars must be negated).
      - Non-Numeric fields must have exact value as transaction being adjusted.
  - The record with Adjustment Type = N
    - Same criteria as for Record Type O with the addition of those mentioned above for Record Type C.

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### Detail Edits, Validations or Exception reporting

#### County Supported Detail Edits

- Impose the domain and format for each field.
- Requirement of either a MA Billing Provider ID or Rendering Provider ID
- Based on the qualifier for the **Billing Provider ID**, the Mask should be enforced.
- If there is a **Billing Provider ID**, then the **Last Name or Organization** field will need to be not NULL
- Based on the qualifier for the **Rendering Provider ID**, the Mask should be enforced.
- If there is a **Rendering Provider ID**, then the **Last Name** field will need to be not NULL
- **From Date of Service <= To Date of Service**
  - Additional edits possible depending on the implementation of Encounter Reporting
- Validate combination rules between **Quantity** and **Unit or Basis of Measurement Code**
  - No more than 31 days in a month, etc.
- Validate **Receipt Date** for reasonableness.
  - **Receipt Date >= To Date of Service**
  - **Receipt Date <= Posting Date**
- **Posting Date** must be between the **Header's Begin Posting Date** and the **Header's End Posting Date**.
- Each Denied Claim requires either a **County Reason/Denial Code** or a **National Reason/Denial Code**.
- Validate **SPC Code + Subprogram Code** with master list.

### Header Edits, Validations or Exception reporting

- Impose the domain and format for each field.
- **Submission Date >= Ending Posting Date**
- **Beginning Posting Date <= Ending Posting Date**
- **Number of Records transmitted = # of Detail Records in the file.**
- There must be a single Header Record per file.